



# Application for Residential Building Permit

[www.westboylston-ma.gov](http://www.westboylston-ma.gov)

bherget@westboylston-ma.gov

**140 Worcester Street  
West Boylston, MA 01583  
774-261-4030**

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by: Bentley Herget, Inspector of Buildings

Is this land under a Conservation Restriction? Yes

No

Is this land under an APR? Yes

No

No

Paid Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Initials \_\_\_\_\_

## 1. Owner, Applicant Information

Property Address: \_\_\_\_\_ Assessors; Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_

**Owner of Record Name:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Authorized Agent Name:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## 2. Proposed Project

New Home: _____	Size: _____ x _____ x _____	Number of Stories: _____	<table border="1"> <tr><td>Cost Divide by 1,000</td><td>=</td><td>_____</td></tr> <tr><td>Multiply by \$10.00</td><td>=</td><td>_____</td></tr> <tr><td>Other Fee(s):</td><td></td><td>_____</td></tr> <tr><td>Total Fee:</td><td></td><td>_____</td></tr> <tr><td>Round to Whole Dollar:</td><td></td><td>_____</td></tr> <tr><td>Minimum Fee:</td><td></td><td>\$50.00</td></tr> </table>	Cost Divide by 1,000	=	_____	Multiply by \$10.00	=	_____	Other Fee(s):		_____	Total Fee:		_____	Round to Whole Dollar:		_____	Minimum Fee:		\$50.00
Cost Divide by 1,000	=	_____																			
Multiply by \$10.00	=	_____																			
Other Fee(s):		_____																			
Total Fee:		_____																			
Round to Whole Dollar:		_____																			
Minimum Fee:		\$50.00																			
Addition/ Remodeling: _____	Size: _____ x _____ x _____	Number of Stories: _____																			
Attached Garage: _____	Size: _____ x _____ x _____	Number of Stories: _____																			
Detached Garage: _____	Size: _____ x _____ x _____	Number of Stories: _____																			
Deck or Porch: _____	Size: _____ x _____ x _____	Number of Stories: _____																			

**Project Description** \_\_\_\_\_

For any structure, attach a drawing(s) dimensioned and labeled to scale; showing the size, type and location of all foundations and supports, beams, girders, braces, floor, wall and roof framing and coverings. If addition show before and after plans.

**Total estimated project cost \$** \_\_\_\_\_

Zoning District	Lot Area	Road Frontage	Flood Zone; Yes or No	Are there wetlands within 100 feet; Yes or No	
	Front Yard Setback	Side Yards Setback		Rear Yard Setback	
	Required	Provided	Required	Provided	Required

Attach a plot plan, showing the property dimensions, the location all existing structures, sewage disposal systems, water supplies, wetlands and the proposed structure. Include dimensions between these items and to the property lines.

## 3. Homeowner License Exemption

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section 108.3.5, and understands that he/she will be responsible for completion of the project in accordance with the Town of West Boylston inspection schedule and the Massachusetts State Building Code.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Contractor Information

**Construction Supervisor:** \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registered Home Improvement contractor:**

Company Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach readable copies with picture, of current Construction Supervisor License and Home Improvement Registration if applicable.

Please complete reverse side.

**This application must be printed or typed, blue or black ink only.**

August 2, 2010  
**Long Form**

**5. Workers Compensation Insurance** (MGL 152 section 25c)

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 I am a homeowner performing all the work myself.  I am a sole proprietor and have no one working in any capacity.

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I am an employer providing workers' compensation for my employees working in this job.  
 Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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(check one)

I am a sole proprietor  general contractor  homeowner and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)

Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Attach current copies of certificates of insurance endorsed to the Building Inspector. Town of W. Bovlston**

**6. Debris Disposal**

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.

Name of Waste Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

**7. Other Signatures Needed**

Tax Collector: _____	For All Projects (MGL c 40 § 57)
Board of Health: _____	For project that might affect your sewage disposal system.
Water: _____	If property is connected to Municipal Water or Sewage
DPW / Street _____	Curb Cut / Street Opening / Driveway
Fire Dept. _____	Fire Alarm / Sprinkler System
Police Dept. _____	Detail Work
Sewer Div. _____	Connection to Sewer

**8. Owner/ Agent Authorization**

I, \_\_\_\_\_, as the Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application. \_\_\_\_\_ Date: \_\_\_\_\_

Signature of owner

I, \_\_\_\_\_, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_,  
 Sign Name \_\_\_\_\_ Date: \_\_\_\_\_